

UNITED STATES NATIONAL STAGE WORKSHEET (DO/EO)

Att. General

Publication No. WO 04/022676

Publication Date 03-18-04

Basic fee paid: \$ 150 IPER fee paid: \$ 100 ISA fee paid: \$ 200

U. S. Application No. 10/526 501

International Application Number: PCT/SE03/01366 International Filing Date: 09-08-03

Application Filed by 30 Month: ✓ Yes _____ No _____ Language: English

Copy in International Application: yes ✓ no _____ Translation: yes _____ no _____ Defective: Yes

371 Filing Fees ✓ paid _____ Insufficient Meet Article 33 Requirement: Yes _____ No & why not _____

Original claims: 1-6 Added Claims: _____ Total Claims: 5 Chargeable 5 Independent 1 multiple N

Claims Cancelled via Article 34 & /or Pre-Amdt 6 Claims added via Article 34 _____

Total Number of Drawing Sheets: 0 Foreign Text: _____

Oath/Declaration: yes ✓ no 0 signed ✓ unsigned _____ defective _____ Date Satisfied: 9-8-05

PCT/RO/101/Request Form Declaration: yes _____ signed _____ Unsigned

Small Entity: ✓ Yes Small Entity Statement _____ Assertion by filing fee paid ✓ Large Entity: _____

1st Submission: Biochemical Seq. Diskette: yes _____ no _____ entered & date _____ not entered & date _____

2nd Submission: Biochemical Seq. Diskette: yes _____ no _____ entered & date _____ not entered & date _____

Biochemical Seq. Listing: yes _____ no _____ statement _____ yes _____ no _____ other submission date(s): _____

Biochemical Diskette/Listing not needed: _____

Copy of ISR: _____ with references _____ without references ✓ Non-Establishment of ISR PCT/ISA/203 _____

Article 19 Amendment: _____ entered _____ not entered _____ Replaced by Article 34 Amendment _____

Copy of IPER: _____ without Annexes: ✓ with Annexes: ✓ Annexes entered _____ Annexes not entered

Reason Annexes have not been entered: _____

Preliminary Amendment(s): yes ✓ not entered _____ & Why _____ Other Amendment dates: _____

IDS: ✓ yes _____ with references ✓ without references Other IDS Dates: 9-9-05

Request for Immediate Examination: yes _____ no _____, Other Early Processing Date: _____

Substitute Specification: yes _____ no _____

Assignment: yes _____ no _____ Date filed: _____ Assignment for PG Pub: Yes _____ No _____ Date filed: _____

Power of Attorney _____ Application Data Sheet ✓ Priority Document(s): yes ✓

Application Size: 4 Spec. 2 Claims 1 Abstract _____ Drawings _____ Seq. List _____ Seq. CRF _____ Total: 7

Application Fees: owed/paid

✓ Declaration _____ Claims _____ Multiple _____ Translation _____ Extension _____ Petition _____ Application size _____

Date of 35 USC Receipt of Request: Rec'd PCT/PTO 04 MAR 2005

Date Completion USC 371 Requirements: 9-8-05

Notice of Missing Requirements: 1-27-05

371 Formalities Letter: (Sequence) 922 _____ 922 Response _____ or (Fees Owed) 923 _____ 923-Response _____

Notice of Defective Response: _____ Defective Response Reply _____

Notice of Acceptance: 01-17-06

Notice of Abandonment: _____ Petition to Revive: _____ Petition 1.47: _____

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 7/27/05 2 Serial/Patent # 101526,501

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$

7 TOTAL AMOUNT OF REFUND \$50.00

8 TO BE REFUNDED BY:

10 REASON:	Treasury Check							
Overpayment	<input checked="" type="checkbox"/> Credit Deposit A/C #:							
Duplicate Payment	9 <table border="1" style="display: inline-table;"><tr><td>0</td><td>4</td><td>--</td><td>1</td><td>5</td><td>7</td><td>7</td></tr></table>	0	4	--	1	5	7	7
0	4	--	1	5	7	7		
No Fee Due (Explanation):								

Fee Code Corrections

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: BARBARA CAMPBELL

TITLE: _____

SIGNATURE: BC

PHONE: 703 308-9140

OFFICE: PCT/DO/EO

ext 217

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Refn. Ref: 07/28/2005 BCAMPBEL 0017155000
DAH:041577 Name/Number:10526501
FC: 9204 \$50.00 CR

APPROVED: _____

DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B